Attorney's Docket No. __3187-01__

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original ☐ design ☐ supplemental

☐ divisional ☐ continuation ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: A Lubricant Useful for Improving the Oil Separation Performance of a Vapor Compression System

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b)*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☐ *as Serial No.* _____ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Teresan W. Gilbert, 31,360 Jason S. Fokens, 56,188
Michael F. Esposito, 29,506 David M. Shold, 31,664
Samuel B. Laferty, 31,537

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SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)
Samuel B. Laferty
(216) 447-5541

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor _____ Thomas E. Rajewski _____

Thomas	E.	Rajewski
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature _____

Date __4/29/05__   Country of Citizenship __United States__

Residence ___Auburn, Michigan, U.S.A.___   MI

Post Office Address ___1167 Stanley Drive, Auburn, Michigan 48611, U.S.A.___

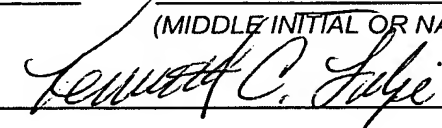Full name of second joint inventor, if any _____ Kenneth C. Lilje _____

Kenneth	C.	Lilje
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature _____

Date __4/19/05__   Country of Citizenship __United States__

Residence ___Midland, Michigan, U.S.A.___   MI

Post Office Address ___3896 E. Monroe Road, Midland, Michigan 48642, U.S.A.___

☐ This declaration ends with this page

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3-00 Full name of third joint inventor, if any ___John C. Tolfa___

___John___ ___C.___ ___Tolfa___
(GIVEN NAME)   (MIDDLE INITIAL OR NAME)   FAMILY (OR LAST NAME)

Inventor's signature _____

Date __4/19/05__ Country of Citizenship ___United States___

Residence ___Midland, Michigan, U.S.A.___ ___M.I___

Post Office Address ___2594 Whippoorwill Hollow, Midland, Michigan 48642, U.S.A.___

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☐ Signature for fourth and subsequent joint inventors. *Number of pages added*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☐ *Number of pages added* _____.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

☒ This declaration ends with this page